KEY CONTROL REGISTER AND INVENTORY For use of this form see AR 190-11; the proponent agency is PMG. UNIT/ACTIVITY PERIOD COVERED FROM: TO: **KEY CONTROL NUMBER(S)** (Insert serial number or other identifying number from the key) 11. 21. 31. 2. 12. 22. 32. 13. 23. 33. 14. 24. 34. 15. 25. 35. 16. 26. 36. 6. 17. 37. 27. 8. 18. 28. 38. 9. 19. 29. 39. 20. 30. 40. 10. **KEY ISSUE AND TURN IN** ISSUED BY **ISSUED** KEY ISSUED TO TURNED IN RECEIVED BY NUMBER (Date/Time) (Printed Name/Signature) (Printed Name/Signature) (Printed Name/Signature) (Date/Time)

KEY ISSUE AND TURN IN (Continued)						
KEY NUMBER	ISSUED (Date/Time)	ISSUED ISSUED BY (Printed Name/Signature)		ISSUED TO ed Name/Signature	TURNED IN (Date/Time)	RECEIVED BY (Printed Name/Signature)
INVENTORIES (JOINT/SEMIANNUAL)						
DATE		PRINTED NAME/SIGNATURE		DATE	PRINTED NAME/SIGNATURE	

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